

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 16  
 FOR LINE 7 OF FORM 5

NAME OF FILER (in Full)  
 Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee  
 Santa Maria Sun

Date

MM / DD / YYYY  
 05 / 10 / 2012

Mailing Address

3130 Skyway Drive, Suite 603

Amount

City

State

Zip Code

Santa Maria, CA 93455

Amount  
 80.25

Purpose of Expenditure

Newspaper Ads

Category/  
 Type 004

Office Sought:

☐ House State: CA

☒ Senate District: \_\_\_\_\_

☐ President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Dianne Feinstein

Calendar Year-To-Date Per Election  
 for Office Sought

860.54

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
 Santa Maria Sun

Date

MM / DD / YYYY  
 05 / 10 / 2012

Mailing Address

3130 Skyway Drive, Suite 603

Amount

City

State

Zip Code

Santa Maria, CA 93455

Amount  
 80.25

Purpose of Expenditure

Newspaper Ads

Category/  
 Type 004

Office Sought:

☒ House State: CA

☐ Senate District: 24

☐ President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
 for Office Sought

727.51

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
 Ventura County Reporter

Date

MM / DD / YYYY  
 05 / 10 / 2012

Mailing Address

4840 Market Street, Suite D

Amount

City

State

Zip Code

Ventura, CA 93003

Amount  
 78.25

Purpose of Expenditure

Newspaper Ads

Category/  
 Type 004

Office Sought:

☐ House State: \_\_\_\_\_

☐ Senate District: \_\_\_\_\_

☒ President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Calendar Year-To-Date Per Election  
 for Office Sought

860.54

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....

238.75

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
 (carry total from last page forward to Line 7)

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